

BURIAL-TRANSIT PERMIT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

No. _____

Full name of deceased Gordon Arby Lovell Date of death Jan 31 2006

Place of death Ingham Lansing Sex M Date of birth 11/07/1912
(County) (Township or village or city)

Cause of death Cerebral vascular accident

Method of disposal Burial Woodlawn Cemetery Veteran? No
(Whether burial, cremation, storage, etc.) (Cemetery of crematory) (Yes or No)

County Eaton State MI

APPROVED FOR CREMATION

Signature of Medical Examiner _____ Date 20 _____

A certificate of death having been filed as required by the laws or regulations of this state, permission is hereby given to J. Ernest Pray Address 401 W. Seminary Street Charlotte
(Funeral director or person acting as such)

to dispose of body of said deceased.

Signature [Signature] Date Feb. 3 2006
(Check one) ☐ Registrar, ☒ Funeral Director, ☐ Mortuary Science Licensee

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was Buried on Feb 3 2006 in Woodlawn Cemetery
(State whether cremated, buried, stored, etc.) (Cemetery or crematory)

Place Marker in place Signature [Signature]
(Sexton or person in charge)

This permit must be endorsed by the sexton (or by the funeral director or Mortuary Science licensee where there is no sexton).

(OVER) lot 27 plat F Stord 2/3/06